

	STATE OF MISSOURI DEPARTMENT OF INSURANCE ANNUAL STATEMENT SUPPLEMENT FOR MISSOURI				FOR YEAR ENDING 2003													
DUE DATE - MARCH 1							SEE INSTRUCTIONS ON REVERSE SIDE											
NAIC GROUP NUMBER			NAIC COMPANY NUMBER			COMPANY												
PERSON COMPLETING FORM						TELEPHONE NUMBER												
LIFE INSURANCE							I		II		III		IV		V		VI	
INDIVIDUAL BUSINESS							NUMBER OF INSURED		DIRECT PREMIUM & ANNUITY CONSIDERATIONS		DIRECT DIVIDENDS TO POLICYHOLDER		DIRECT CLAIMS, BENEFITS & SURRENDER VALUES PAID		LIFE INSURANCE IN FORCE (000) DECEMBER 31			
1.1) Whole																		
1.2) Term																		
1.3) Universal																		
1.4) Graded Death Benefits																		
1.5) Credit																		
1.6) Variable Life																		
1.7) Annuities (with life contingencies)																		
a) Ordinary																		
b) Variable																		
c) Modified Guaranteed																		
d) Equity Indexed																		
1.8) Deposit-Type Contract Funds (including variable contracts without life contingencies)																		
1.9) Other Considerations																		
1.10) TOTAL INDIVIDUAL																		
GROUP BUSINESS																		
2.1) Whole																		
2.2) Term																		
2.3) Universal																		
2.4) Graded Death Benefits																		
2.5) Credit																		
2.6) Variable Life																		
2.7) Annuities (with life contingencies)																		
a) Ordinary																		
b) Variable																		
c) Modified Guaranteed																		
d) Equity Indexed																		
2.8) Deposit-Type Contract Funds (including variable contracts without life contingencies)																		
2.9) Other Considerations																		
2.10) TOTAL GROUP																		
3) TOTAL LIFE																		
ACCIDENT & HEALTH INSURANCE							I		II		III		IV		V		VI	
INDIVIDUAL BUSINESS							NUMBER OF INSURED		DIRECT PREMIUMS WRITTEN		DIRECT PREMIUMS EARNED		DIVIDENDS PAID OR CREDITED ON DIRECT BUSINESS		DIRECT LOSSES PAID		DIRECT LOSSES INCURRED	
4.1) Comprehensive Medical Expense (see definition on reverse side)																		
4.2) Medicare Supplement																		
4.3) Long Term Care																		
4.4) Specified Disease																		
4.5) Accident Only																		
4.6) Disability Income																		
4.7) Dental																		
4.8) Limited Benefit																		
4.9) Short Term Credit Disability (less than 10 years)																		
4.10) Long Term Credit Disability (Mortgage)																		
4.11) Credit Unemployment																		
4.12) Stop Loss																		
4.13) TOTAL INDIVIDUAL																		
GROUP BUSINESS																		
5.1) Comprehensive Medical Expense																		
a) Small employer (2-50 employees)																		
b) Large employer/union (over 50 employees)																		
c) Association																		
d) Discretionary																		
e) Federal Employees (line 24.1)																		
5.2) Medicare Supplement																		
5.3) Long Term Care																		
5.4) Specified Disease																		
5.5) Accident Only																		
5.6) Disability Income																		
5.7) Dental																		
5.8) Limited Benefit																		
5.9) Short Term Credit Disability (less than 10 years)																		
5.10) Long Term Credit Disability (Mortgage)																		
5.11) Credit Unemployment																		
5.12) Stop Loss																		
5.13) TOTAL GROUP																		
6) TOTAL ACCIDENT & HEALTH																		
ADDITIONAL SMALL EMPLOYER COMPREHENSIVE MEDICAL EXPENSE INFORMATION																		
							NUMBER OF INSURED		DIRECT PREMIUMS WRITTEN		DIRECT PREMIUMS EARNED		DIVIDENDS PAID OR CREDITED ON DIRECT BUSINESS		DIRECT LOSSES PAID		DIRECT LOSSES INCURRED	
7.1) Small employer (3-25 employees)																		
7.2) Number of insured employers reported on Line 5.1a:																		
7.3) Number of insured employers reported on Line 7.1:																		

DEFINITIONS FOR SPECIFIC LINES OF BUSINESS

NUMBER OF INSUREDS AS OF DECEMBER 31 OF REPORT YEAR:

For individual policies, the number of insureds must include dependents. For group policies, the number of insureds must equal the number of certificate holders, plus all dependents.

COMPREHENSIVE MEDICAL EXPENSE:

This category includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured person’s primary health benefit coverage. Do not include plans covering less than 50% of incurred expenses.

LIMITED BENEFIT:

Includes vision, nursing care (other than long-term care), hospital indemnity and any other single service plan or program, not otherwise reported herein.

SMALL EMPLOYER:

(2-50 employees) (Line 5.1a): This term means major medical or comprehensive group medical expense insurance coverage that is subject to the group market provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

ASSOCIATION:

(Line 5.1c): This term means major medical or comprehensive group medical expense insurance coverage sold to members of associations THAT IS NOT subject to the group market provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

SMALL EMPLOYER:

(3-25 employees) (Line 7.1): This term means major medical or comprehensive group medical expense coverage that is subject to The Missouri Small Employer Health Insurance Availability Act.

STOP LOSS:

Include any premium for employer self-funded group health plan excess loss coverage, including any such coverage issued or provided through minimum premium plans or other self funded health benefit plans.

If additional definitions are needed for detail lines of business, please send a self-addressed stamped envelope to this office (no phone calls please).

EXPLANATION IF PREMIUMS ARE REPORTED, BUT NO INSUREDS: